Michigan Department of Community Health P.A. 368 of 1978 as amended

Health Facilities Engineering Section - APPLICATION FOR PLAN REVIEW

320 S. Walnut Street
Lewis Cass Building – 3rd Floor
Lansing, MI 48913 - (517) 241-3408

Facility Name:	Address		
City:	State	County	Zip Code
Project Description			

Facility Type	Certificate of Need Information	Plan Review Fee
(Please Circle One) Hospital Nursing Home Home for the Aged Dialysis Freestanding Surgical Outpatient Facility (FSOF) Hospice Residence Other_____	**Does This Project Require a Certificate of Need?** ⬭ YES NO ⬭ **If Yes:** **CON #:** _____ **Date Approved:** _____	**Calculate your estimated capital expenditure** Construction Costs $ _____ Professional Fees $ _____ Fixed Equipment $ _____ (Does not include Radiological Equipment) EST. CAPITAL EXPENDITURE (Total) $ _____ Please use the Fee Schedule below ↓

Submittal Requirements	*REQUIRED PLAN REVIEW FEE* $_____
Please verify ALL of these items are included in your submittal. Incomplete submittals will delay plan review. Application for Plan Review _____ Check made payable to the STATE OF MICHIGAN _____ Operational Narrative _____ One Set of Drawings Schematic ☐ Preliminary ☐ or Sealed Final ☐	FEE SCHEDULE Calculate the amount of your plan review fee based on the **ESTIMATED CAPITAL EXPENDITURE**. **(Fees may be adjusted at the completion of the project based on the final actual cost)** **A) .5% of the first $1,000,000** **B) .85% of the amount over $1,000,000** **C) Maximum of $60,000**

Contact/Owner's Representative

Contact Person		Company/Facility Name		
Address		City	State	Zip
County	Telephone	Fax	E-Mail Address	

Architect

Architect's Name		Company/Facility Name		
Address		City	State	Zip
County	Telephone	Fax	E-Mail Address	

[For Internal Use Only]		
Date Check Received:	Check #:	Check Amount:
Staff Assignment:	BHS Facility #:	HFES Project #:

Please Mail the Application for Plan Review, your check made payable to the STATE OF MICHIGAN, one set of drawings, Specifications, and an operational narrative to the address listed on top.
A word processing reproduction of this form is acceptable if it is "identical" in format and content. Photocopies are acceptable.
You can obtain a copy of this form by visiting our web site at: